

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	1025	<del>07/23/01</del>
FORMALITY REVIEW	<i>[Signature]</i>	(07)	07/23/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		10/24/01

8-12-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/24/01
2	✓	✓	10/24/01
3	✓	✓	10/24/01
4	✓	✓	10/24/01
5	✓	✓	10/24/01
6	✓	✓	10/24/01
7	✓	✓	10/24/01
8	✓	✓	10/24/01
9	✓	✓	10/24/01
10	✓	✓	10/24/01
11	✓	✓	10/24/01
12	✓	✓	10/24/01
13	✓	✓	10/24/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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0229  
 07/23  
 08/27  
 10-24-01